



Looking for a New Pet? Start Here: I'm here to see: Dogs Cats

Date: ___/___/___

First name: _____ MI: ___ Last name: _____ D.O.B. ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

City limits of Fort Wayne? ___ yes ___ no Phone (circle- Home/Cell): _____

In order to receive a complimentary 24PetWatch 30 day Gift of Insurance for your new pet, please provide an email address below.

E-mail address: _____

Place of Employment: _____ Phone Number: _____

If unemployed, how will you provide vet care and general expenses for your new pet?

Are there any other adults living in your home? Please provide their information below:

First name: _____ MI: ___ Last name: _____ D.O.B. ___/___/___

Phone (circle- Home/Cell): _____

Please tell us about the dogs/cats living in your home

Name	Type of Pet	Age	Spayed? / Neutered?	Veterinary Clinic?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Provide name of who the pet is under at the Veterinary clinic: _____

Do you own or rent your home?

___ Own ___ Rent

If you rent – please provide the name and number of your landlord or apartment complex:

Name: _____ Phone Number: _____

I understand that:

- Adopting this pet is a long term commitment.
- The ACSPCA reserves the right to refuse/reject my application at its discretion.
- My signature allows release of any information necessary to process this application.
- **The ACSPCA will perform a criminal background check as part of the application process.**

Signature of Applicant _____ Date _____

******* OFFICE USE ONLY *******

MyCase: Passed/Failed _____

PetPoint Check: Passed/Failed _____

Vet Check: Passed/Failed _____

D/D interaction: Passed/Failed _____

Landlord: _____

APPROVED or DENIED

Notes: _____